Oxford English School

مـدرســة أكــســفــورد اإلنجــلــيــزيــة

2026-2027

MEDICAL FORM

Student Details

Full Name: …….

Date of Birth: ____\ ____\ _____

Gender: ☐ **Male** ☐ **Female**

Blood Group: ……..

Father's name: …….. ***Emergency Tel.:*** ……..……

Work Tel. ……

Mother's name: …….. ***Emergency Tel.:*** ……

Work or Home: ……

Medical Details

Does your child have any of the following problems? (If yes, please explain)

Allergy	YES	☐	NO	☐
Asthma	YES	☐	NO	☐
Diabetes	YES	☐	NO	☐
Type 1 or Type 2?	…….			
Epilepsy	YES	☐	NO	☐
Urinary discord	YES	☐	NO	☐
Hearing problem	YES	☐	NO	☐
Eye Problem	YES	☐	NO	☐
Heart disorder	YES	☐	NO	☐
Skin problems	YES	☐	NO	☐
Nose Bleeding	YES	☐	NO	☐
G6PD	YES	☐	NO	☐
Other medical problems	YES	☐	NO	☐

Mention ……..

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Is your child taking any medication? ☐

YES ☐ NO

Mention: ……

Has your child had chickenpox?

YES ☐ NO ☐

Has your child had measles? YES ☐ NO ☐

Does your child have a positive family history of Diabetes?

YES ☐ NO ☐

Previous surgical operations ?YES ☐ NO ☐

Medications

In the event that your child requires medication during school hours please label them with child's name/class and an indication of how much and how many times to be given before handing it to the School Nurse

Medical permission

In the event that your child has a temperature during the school hours , please allow the School Nurse to give paracetamol-based medication with a prior verbal consent, if possible:

( ) YES-I Give permission to the Nurse to administer paracetamol

( ) NO

In case of emergency–if you cannot be reached:

Please contact……...……...

Tel. No.: ……..**relationship to the child**……

As a parent/guardian, I authorize the school attending pediatrician to seek appropriate treatment for my child in case of medical emergency that may endanger my child's life.

This authority is granted after a reasonable effort has been made to reach me.

Parent /Guardian Signature……..…… Date……

School Nurse